

STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT
North Carolina Administrative Office of the Courts
Human Resources Division
P. O. Box 2448
Raleigh, NC 27602

GRANT/CONTRACT POSITION ACKNOWLEDGMENT

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PURPOSE: *This form only pertains to employees whose position costs are funded from monies not appropriated to the Judicial Branch (non-NCAOC funding sources). Such positions are generally grant or contract positions. In all cases such positions are defined as time-limited and may or may not include certain benefits. The completion of this form is required and serves as acknowledgment that the duration of the position and benefits, if any, are limited to the specific terms of the grant or contract.*

INSTRUCTIONS: *Section I should be completed by ALL employees in grant or contract positions. Section II should be completed by employees whose positions provide for accrual of leave. Section III should be completed by those employees who are subject to the overtime provisions of the Fair Labor Standards Act.*

Employee Name

Social Security Number (last four digits only)

Position Number

Office/County/District

SECTION I - All grant or contract employees complete.

Initial each statement and sign and date below.

I understand that:

_____ this position is funded by non-NCAOC funding sources and is time-limited.
Initial

_____ funding for this position may not continue beyond the stated time in the grant or contract, which is _____
Initial and that I have no rights or entitlement to another position should the funding end.

_____ I am not entitled to severance pay or discontinued service retirement allowance pursuant to G.S. 126-8.5 should
Initial my position be eliminated.

SECTION II

Does Employee Accrue Leave (If so, Section II Must Be Signed)

Yes No

I understand that I will not be paid for any unused leave upon separation. However, if I return to a leave-accruing position within State government within five (5) years of my separation, I understand that any remaining leave balances will be reinstated.

Signature Of Employee

Date Signed

SECTION III

Is Employee Subject To The Overtime Provisions Of The Fair Labor Standards Act (If so, Section III Must Be Signed)

Yes No

Number Of Work Hours Authorized Per Week

I understand that I cannot work more than the number of authorized hours noted above during a work week. The work week is defined as 12:00 am Monday - 11:59 pm Sunday.

Signature Of Employee

Date Signed